

CITY OF COLORADO SPRINGS REQUEST FOR TAX PAID CERTIFICATE (CITY PROJECTS ONLY)

Contract Details:							
Contract Number:							
Contract Name:							
Contract Amount: \$			(in	cluding change orde	ers)		
Property Owner:	The	City of Colorado Springs					
Project Address:							
Description of Work:							
Period of Performance	::						
Effective Date of Contr	act:						
Last Day Under Contra	ct:						
,							
City Project Manager I	nform	nation:					
Project Manager Name		,		Title:			
Division:				Department:			
Phone:				Email:			
Date Submitted:				(to the Sales Tax C	Tffice)		
Date Submitted.				(to the sales rax e	Jilice		
PM Supervisor Name:				Title:			
Phone:				Email:			
	all mus	et ha procent)		Liliali.			
Documents Attached: (all must be present) Tax Paid Form Request Certificate of Completion Subcontractor List ST17 Contractors Certificate & Assignment of Rights & Contractor Summary Sheet							
I certify that the project has finished, and this form is complete, with all necessary documents attached to the tax-paid certificate request. I understand the Sales Tax Office will not process incomplete forms; they will audit contractor records for the project, and retainage release depends on examination. The Sales Tax Office will deny retainage release for contractor and City division noncompliance.							
PM Initial:	PM	1 Supervisor Initial:					
'				·			
General Contractor Inf	orma	tion: (completed by the General	Contra	ctor, returned to th	ne City Proj	ect Manager)	
Company Name:							
Physical Address:							
Mailing Address:							
Contact Person:				Contact Title:			
Contact Phone:				Contact Email:	:		
I certify the submission of the subcontractor list and required project documents to the City Project Manager. I understand the Sales Tax Office will not process incomplete forms; they will audit contractor records for the project, and retainage release depends on examination. The Sales Tax Office will deny retainage release for contractor noncompliance. I will remain in touch with the City Sales Tax Office during their record review, assisting as needed.							
GC Initial:							
SALES TAX OFFICE USE ONLY							
Totals:	J. 121						
Contract Amount	:\$			Audited By & D	ate Comr	oleted:	
Subtotal of Materials: \$				Tax Paid Certificate Date Issued:			
Sales Tax							
Use Tax: \$		(Comme	ents:		,	

Tax Total: \$
Percentage: %

^{*}Subcontractor List Information on pages 2 & 3

Subcontractor List of Information (General Contractor to complete and return to City Project Manager):

Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:		
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:		
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:		
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:	0.2.0 0.000	
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:	0.27 0 00.011111001	
scope of from		
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:	3117 3 Submitted.	
Scope of Work.		
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Phone:	Contact Fine: Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:	3117 3 Submitted.	
Scope of Work.		
Company Name	Doing Business As (DBA):	
Contact Name:	Contact Title:	
Contact Name.	Contact Fine: Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:	3117 3 Submitted.	
Scope of work.		
Company Nama	Doing Business As (DBA).	
Company Name	Doing Business As (DBA):	
Contact Phone:	Contact Title:	
Contact Phone:	Contact Email:	
Contract Amount: \$	ST17's Submitted:	
Scope of Work:		

Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	5127 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
333,633: 1131:11	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	3117 3 3dbillitted.
Scope of Work.	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	3117 3 3dbillitted.
Scope of Work.	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Fine:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	3117 3 3dbillitted.
scope of work.	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Fitte:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	3117 3 3ubilitteu.
scope of work.	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Email:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	5117 3 Submitted.
Scope of work.	
Company Name	Doing Business As (DBA):
Contact Name:	Contact Title:
Contact Phone:	Contact Fitte:
Contract Amount: \$	ST17's Submitted:
Scope of Work:	JII/ 3 JUDIIIILLEU.
Scope of Work.	